



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
Campus Security Officer (CSO)

Training Class Request

REQUESTED BY

Instructor Name (First, MI, Last): _____

Instructor Phone: _____

Instructor Email: _____

Employer/College Point of Contact: _____

HOST INFORMATION

Host Locality (college or business): _____

On-Site Classroom Training Dates*: _____

On-Site Daily Classroom Start Time: _____

On-Site Daily Classroom End Time: _____

Number of Students to be Trained: _____

Number of Seats Available to Other Organizations: _____

**The CSO curriculum requires 2-days (16 hours) of training*

ON-SITE CLASSROOM TRAINING LOCATION

Facility Name: _____

Street, City, State, Zip: _____

Phone Number: _____

Email (if applicable): _____

***Training materials (curriculum, instructor content, tests/answer keys, and class roster)
are currently provided to instructors in an electronic file format.***

Upon completion of your classroom training, please scan and email the completed tests, as well as your class roster to:

campusecurity@dcjs.virginia.gov

or mail to:

DCJS Virginia Center for School and Campus Safety/CSO Program, 1100 Bank Street, Richmond, Virginia 23219

Please have students provide a legible email address on the class roster so they may receive a digital copy of their Campus Security Officer certificate. A copy of the certificate will also be automatically emailed to the point of contact.
